



# A Winning Team

**Your Uniform Health Care Program  
For Year 2003 – Traditional Choice**



**The Department of Defense  
Nonappropriated Fund  
Health Benefits Program**



# Welcome to Traditional Choice® – For Quality, Affordable Health Care

The Department of Defense is pleased to offer Nonappropriated Fund (NAF) employees and retirees a traditional indemnity medical plan called Traditional Choice. Traditional Choice allows you to select any licensed physician you wish when you need care. Once you meet the annual deductible, the plan typically pays a percentage of the expense (usually 80%) based on reasonable and customary charges, and you pay the balance (usually 20%). This is called “coinsurance.” To be reimbursed for covered expenses, you must first submit a claim form to Aetna, our claims administrator.\*

## Using Your Plan

Traditional Choice is easy to use as long as you follow these plan basics:

### Plan Basic #1

#### Meeting the deductible

Under the plan, you must first meet an annual medical deductible. The deductible is the amount you must pay out of your own pocket each year before the plan begins to pay benefits. After you meet the plan deductible, you and the plan share the cost of covered services. This arrangement is called coinsurance. The plan pays a percentage of the reasonable and customary cost of covered services, and you pay the balance. The reasonable and customary cost is the prevailing rate for the service in your geographic area.

#### Annual Plan Deductible

Individual	\$200
Family	\$600



### Plan Basic #2

#### Using your Traditional Choice ID card

You will receive an identification card that displays your name, the toll-free Aetna Member Services telephone number, and a brief summary of benefits, including your prescription drug copay information. You should keep your ID card with you at all times and show it when you visit the doctor's office. You will also need to show your ID card when you have prescriptions filled at participating pharmacies in the United States. It identifies you as a member of Traditional Choice.

### Plan Basic #3

#### Getting a head start with 100% coverage of preventive care

Unlike many standard indemnity plans, Traditional Choice includes coverage for preventive care. The following services are covered at 100% of reasonable and customary charges with no deductible:

- One annual routine physical exam, age seven and over
- Well-baby care to age seven, including doctor visits and immunizations
- One annual routine gynecological exam, including Pap test and lab fees
- One annual mammogram for women age 35 and over
- One annual prostate screening for men age 40 and over

### Plan Basic #4

#### Understanding precertification

Precertification is the advance review of a hospital admission to ensure that the setting and length of stay are appropriate to the diagnosis. If your doctor recommends a hospital stay, *you must initiate the precertification process* by calling Member Services at least 14 days before you are admitted to the hospital. *If you do not call Member Services to precertify a hospital admission, you will be required to pay a penalty of \$500.* The precertification requirement is waived for hospital care received overseas.

\* Traditional Choice is administered by Aetna Life Insurance Company.



## Plan Basic #5

### Getting emergency care

If you have a medical emergency, get the care you need immediately. Then you, or someone acting on your behalf, should call Member Services within 48 hours to certify the admission. Benefits are paid at your plan's coinsurance level after you've met your deductible. To help contain your costs, you are encouraged to use the emergency room for true emergencies only. A true emergency is a severe illness or accident that could cause serious health risk or death if not treated immediately. Examples include: bleeding that will not stop, compound bone fractures, loss of consciousness, stroke and severe chest pains.

*Traditional Choice includes coverage for preventive care.*

*Routine annual physical exams are covered at 100%.*

*Well-Baby Care to age 7 is covered at 100%, including immunizations.*

## Plan Basic #8

### The out-of-pocket limit

Traditional Choice has an annual out-of-pocket maximum that limits your expenses and protects you from the high cost of a serious illness or injury. Once your deductible and coinsurance combined reach this annual limit, the plan pays 100% of reasonable and customary covered expenses for the remainder of the plan year.

#### Annual Out-of-Pocket Limit

Individual	\$2,000
Family	\$6,000

## Plan Basic #6

### Covering dependents who live away from home

If a covered child does not live with you, either because he or she is away at school or living with another parent, benefits are paid the same as if your child lived with you. He or she should obtain medical care from any licensed doctor or health care facility and submit a claim to Aetna for reimbursement.

## Plan Basic #7

### Getting care when you are away from home

When you are away from home and need medical care, you'll receive benefits for covered services just as if you were at home. After you receive the care you need, complete a claim form and submit it to Aetna for reimbursement.

## Plan Basic #9

### Call Aetna Member Services

Here's a great plan feature, one you can use often. It's Aetna Member Services, a toll-free information service. Call Member Services at 1-800-367-6276 for answers to many kinds of questions — *confidentially*. You will speak to an Aetna representative and anything you tell the representative is kept completely private.

You can call Member Services from 8 a.m. to 6 p.m. Monday through Friday, Central time. Here are just a few of the many reasons you will want to call:

- For information about benefits under your plan
- For answers to general health questions
- To check the status of a claim
- To precertify hospital care



# Prescription Drug Benefits

Your prescription drugs will be covered under Aetna's Three-Tier Pharmacy Program. The program features three copay levels:

- The lowest copay level is \$10 for a 30-day supply of generic drugs included in Aetna's formulary.
- The middle copay level is \$20 for a 30-day supply of brand-name drugs included in Aetna's formulary.
- The highest copay level is \$30 for a 30-day supply of drugs that are not included in Aetna's formulary.



- **Express Pharmacy Services Mail-Order Drug Program:** Use the Express Pharmacy Services Mail-Order Drug Program to purchase medications that are needed on a regular long-term basis. You may order up to a 90-day supply for a single copay and have your medication delivered to your home address. Please see the enclosed Summary of Benefits for information.

## What Are You Willing to Pay?

In some cases, a physician may insist on a certain brand-name drug for treatment. However, in most cases, it's up to you. Depending on what you are willing to pay, you can have your prescription filled with a formulary generic drug at \$10 or pay two to three times that amount for a brand name. The choice is yours.

*100% coverage for one annual routine gynecological exam, including Pap test and lab fees.*

*100% coverage for one annual mammogram for women age 35 and over.*

How do you know which copay goes with which drug? After you enroll, you will receive Aetna's Formulary Guide. This is a list of over 900 drugs and the copay level for each one. All drugs in the Aetna formulary have been approved by the Food and Drug Administration as safe and effective. Additional information about Aetna's formulary is available at [www.aetna.com](http://www.aetna.com) or through Member Services.

## Using the Plan

The three-tier structure applies to prescriptions you have filled at a local participating retail pharmacy in the United States as well as through the Express Pharmacy Services Mail-Order Drug Program. Here's how these programs work:

- **Local U.S. participating pharmacy program:**

Take your prescription and your Aetna medical plan ID card to any participating pharmacy in the United States. Your copay is payment in full at the time of purchase. There are no claim forms to complete. Over 48,500 pharmacies nationwide participate in the Aetna network, including major chain and local independent pharmacies. (That's 82% of all the nation's pharmacies.) To find a nearby participating pharmacy, check the enclosed National Pharmacy Chain Listing, or go to [www.aetna.com](http://www.aetna.com) and click on DocFind®.

There is no coverage for prescription drugs purchased at non-participating pharmacies in the United States.

## Prescriptions Obtained Overseas

For prescriptions filled overseas, the Three-Tier Pharmacy Program is available *only* for long-term prescriptions (up to a 90-day supply) that you order through the Express Pharmacy Services Mail-Order Drug Program. In order to use the mail-order service, prescriptions must be issued by a doctor licensed to practice in the United States. Also, prescriptions must be sent to an APO/FPO mailing address.

Short-term prescriptions (up to a 30-day supply) should be filled at your local pharmacy. Coverage is as follows:

- 100% after deductible for generic drugs
- 80% after deductible for brand-name drugs

You will need to submit a claim form to be reimbursed for your covered expenses.

## Vision One<sup>®</sup> Discount Program

You and your covered dependents will be automatically enrolled in the Vision One Discount Program when your Traditional Choice coverage takes effect. Vision One offers discounts of 20-70% on eyeglasses, contact lenses, nonprescription sunglasses, contact lens solutions and accessories. To receive discounts, visit any Vision One location and show your medical plan ID card. The discount will be applied at the time of purchase. For more information or to find the nearest Vision One location, call 1-800-793-8616 weekdays from 9 a.m. to 9 p.m. or



### Attention Overseas Employees!

The Vision One and Natural Alternatives Discount Programs rely on *stateside* provider networks. As a result, they are not available at overseas locations. However, you are encouraged to take advantage of these programs when you are in the United States. Your covered dependents who live in the United States are welcome to use these programs anytime. Some overseas employees with an APO/FPO mailing address may use the mail-order drug program with a valid prescription from a doctor licensed to practice in the United States.

*100% coverage for one annual prostate screening for men age 40 and over.*

*Benefits include one routine annual eye exam and hearing exam.*

on Saturdays from 9 a.m. to 5 p.m. Eastern time. See the enclosed pamphlet for more information about the Vision One Program.

## Alternative Health Care Programs

If you and your covered dependents wish to receive chiropractic care (beyond your medical plan coverage), acupuncture, massage therapy or nutrition counseling, the Natural Alternatives<sup>™</sup> program can help you save money. This discount program is available to you automatically once you enroll in Traditional Choice. To use the program, you simply visit one of the participating providers, then pay the special discounted fee at the provider's office when you receive the service.

You also receive savings on vitamins, herbal supplements, and health-related books and magazines that you may order through the Vitamin Advantage<sup>™</sup> Program.

For further information about these programs and for the names of participating providers in your area, call Member Services or visit Aetna's website at [www.aetna.com](http://www.aetna.com).

## Dental Plan

If you enroll in Traditional Choice, you may also enroll in the dental plan. The dental plan offers comprehensive coverage and gives you the freedom to use any dentist you wish. However, when you receive dental care from a dentist who belongs to Aetna's dental provider network, you'll pay less for your care. This is called a *Passive Dental Preferred Provider Organization* (PPO).



How does it work? Network dentists have negotiated their fees with Aetna. They generally charge less than non-network dentists, so your share of the smaller amount is less. Network dental providers also file claims for you. When you receive care from a dentist who does *not* participate in Aetna's dental network, your benefits are based on the reasonable and customary charge for that service in your geographic area — which is higher than the negotiated fee.



As a result, your share of the cost may be higher. In addition, you may need to file your own claims with Aetna to be reimbursed for your covered expenses.

To see if your dentist participates in Aetna's network, click on DocFind® at [www.aetna.com](http://www.aetna.com). If you would like a directory of participating dentists, call Member Services at 1-800-367-6276.

Using a network dentist is voluntary. Either way, the same services are covered. To encourage good dental health, the plan pays 100% for preventive care services, with no deductible. For more advanced care, the plan pays a share of the expense, depending on the service you receive. Please refer to the enclosed Dental Plan Summary of Benefits for information about how dental services are covered under the plan.

## If You Are Overseas

Because the Aetna dental network is not available outside the United States, benefits for dental care received overseas will be based on the traditional dental plan. However, overseas employees and retirees will be able to take advantage of the Passive Dental PPO Plan if they visit the United States and receive dental care from a network dentist.

## Aetna Navigator™

Aetna has taken information to a whole new level with its online Aetna Navigator. This single location offers current information on the health and wellness issues that matter most. The site is offered in association with Harvard Medical School and the University of Pennsylvania School of Dental Medicine. It's easy to use, secure and private. Just log on at [www.aetnanavigator.com](http://www.aetnanavigator.com) and check out these features:

### DocFind

Aetna Navigator links you to DocFind, Aetna's online provider directory.

### Online Customer Service

Where you can order ID cards, send email inquiries to Member Services — and more.

### InteliHealth®

This award-winning site provides information on a variety of health topics, along with wellness and fitness tips. It features Harvard Medical School's consumer health information. You can also complete a personal Health Risk Report to evaluate your current health status.

### Health Tools

Interactive "Cool Tools," including a medical dictionary, allergy and asthma quizzes, and a heart and breath odometer.

## Customized Health Information

You may create a web page that remembers your unique health interests. This customized health information site is accessible through Aetna Navigator. Password-protected, the site contains all the features described above with the added advantage of having them personalized for you. Your personalized site also includes a "Benefits Snapshot" and a summary of your claims. And, this is only the beginning. New services and features are constantly being developed that will help you take charge of your health.

## Enrollment Instructions

### *During the Annual Plan Selection Period*

If you are currently enrolled in the plan, your coverage will automatically continue. There is no need re-enroll at this time. However, if you wish to make a change for 2003, please see your supporting Human Resources Office for detailed enrollment instructions.

### *New Employees*

New employees must enroll in order to have coverage under the Department of Defense NAF Health Benefits Program. Otherwise, you will need to wait for the next Open Enrollment Season to enroll in the plan, unless you have a valid Family Status Change (such a marriage, divorce, birth or adoption).

To enroll, please follow the enrollment instructions provided by your supporting Human Resources Office.

### *Coverage for Newborns*

Important! During the first 31 days, your newborn is automatically covered under your medical plan. However, you must enroll your newborn child within 31 days of birth for coverage to continue. Please contact your supporting Human Resources Office for enrollment instructions.

